

Born in Cleveland ☐ YES ☒ NO

THE CLEVELAND MUSEUM OF ART
 FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
 MAY 8 to JUNE 16, 1963

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any _____ Artist _____

Artist

NEWSON

H. SHEWITZ

FIRST NAME

LAST NAME

Address

1757 RADNOR RD

CLEVELAND

HTS, 18, CUYA HOGA

Tel.

YE 2-2183

NO

STREET

CITY

ZONE

COUNTY

Out-of-town residents should state whether return shipment is required. ☐ YES ☐ NO

Please enclose Registration Fee of \$2:00 (Check or Money Order) with Entry Blank..

[illegible]

SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.

Use second blank if required

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Newsom H. Shewitz

SIGNATURE _____